



7-30-04

PATENT
450100-03537

2173
41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Toshihiro MORITA et al.
Serial No. : 09/975,798
For : INFORMATION PROCESSING APPARATUS AND
METHOD, AND PROGRAM STORING MEDIUM
Filed : October 11, 2001
Examiner : O Neal Rajan Mistry
Art Unit : 2173

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV195877028US

Date of Deposit: July 29, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Barnet Shindler

(Typed or printed name of person mailing paper or fee)

Barnet Shindler

(Signature of person mailing paper or fee)

RECEIVED
AUG 05 2004
Technology Center 2100

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 28, 2004, please amend the above-identified application as follows:



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450100-03537

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AUG 05 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450
Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Technology Center 2100

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	3	Minus	** =20	* x	\$18 (9)	= \$
Independent claims	3	Minus	** =3	* x	\$86 (43)	= \$
Total additional fee for this amendment						\$

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a **one**-month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$110.00 is attached, which covers the cost of ☐ additional claims ☒ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barnet Shindlerman

(Typed or printed name of person mailing paper or fee)

Barnet Shindlerman
(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

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